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ABSTRACT

In teaching basic health concepts in developing countries, puppets can be an inexpensive and interesting way to hold people's attention and to give them logical reasons for changing their behavior. Puppets are small, easy to transport and to operate, fun to see, have little cultural identification, can talk about embarrassing things, and can encourage people to think and talk by asking questions or by helping them see themselves more clearly. The Welfare Services Division of the Church of Jesus Christ of Latter-day Saints has developed a handbook for making puppets and has written scripts dealing with health concepts for use in Samoa, Fiji, and Tonga. The agency has also offered workshops for teachers on those islands in the making and use of puppets and has assisted them in developing scripts about local health problems. Workshop participants have used puppets throughout the region to teach some difficult health subjects in an interesting way. (TJ)

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PUPPETS AS AN INTERCULTURAL COMMUNICATION TOOL

Harold R. Oaks

We are on the campus of a secondary school in Western Samoa. It is February, just before school is to start for another year, and the teachers from the system are gathered for preschool workshops. A few minutes into the workshop a murmer ripples through the group as a hand puppet appears over a screen at the front of the room. This, we learn, is Dirty Mary, a girl who doesn't know about germs, washing hands, proper food, or why using a toilet is important. Her mother warns her about germs, but Mary still doubts they exist. Then the germs appear, drawing wonderous "oohs" and "aahs" from the teachers. They crawl and jump from behind the screen, and discuss in strange voices their chances of getting into Mary's stomach, and what they will do when they get there. They are on Mary's hand, which is not washed before a piece of bread offers a free ride inside for the germs. Mary gets sick, and goes with her mother to see the doctor. He gives her medicine to get better, and some advice about staying well. Mary repeats the information with the nurse and the puppets disappear. The teachers, held fascinated during the presentation, applaud. Another workshop is under way!

Dirty Mary, her family, the doctor, and the germs are all players in a larger dramatic conflict with basic health problems in developing countries. The information on how to improve conditions, live longer, eliminate pests and many diseases is available; indeed, millions of dollars and many years of research have produced the information, but the major task of convincing people to change life patterns and habits is most difficult. The target population is primarily illiterate, so newspapers, magazines, manuals and books are useless. There are no televisions, and only selected areas have access to radio. Where it is available, dramatizations of problems are more effective than the direct presentation of factual material. We need a tool for person to person contact, inexpensive, in an interesting form that will

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hold attention and give logical reasons, from the viewer's point of view, for changing behavior. The tool also needs to have as little cultural identification as possible (that is, it should not be identified as something brought from the United States to these "poor people," to make them more "American").

Puppets can help! They are small, inexpensive, and easy to transport; one person can operate several puppets, they are fun to see and easy to operate, and they get and hold attention of both adults and children. They can talk about things that we might not like other people to say (like why we should use the toilet or why something is not good for us to eat). They can help start us thinking and talking by asking questions or helping us to see ourselves more clearly. They can give information or instructions; represent an extreme or negative trait (like Dirty Mary); create imaginative situations (like the germs, or a talking tooth that likes to be cleaned); be a control agent (like Carrie Cleanup who tells us about and checks up on our cleaning), and they can give us a new view of situations (by allowing us to roleplay another person).

These assertions were tested in a project funded by the Welfare Services Division of the Church of Jesus Christ of Latter-day Saints. The task was to develop ten scripts dealing with basic health concepts, create and construct puppets for the scripts, record cassette tapes of the playlets, write a short handbook on puppets, their construction and use, and teach the use of all these materials in teacher workshops in Samoa, Fiji and Tonga.

A student assistant, Wendy Rees, and I started work on the project feeling there were significant opportunities to contribute, using our skills in theatre focused on a communication task. That, after all, is the central goal of the theatre, and even though we were not trying to produce an artistic product per se, the possible benefits seemed well worth the effort.

Ike Ferguson, Personal Welfare Services coordinator, helped us gather material on the major health problems and suggested specialists who could help

with social/environmental/health issuses in the target countries. We gathered several other students who were interested in the project and began writing the scripts. We would usually spend some time discussing the basic problem; why use a toilet, for example. We would focus on the health aspects of the question, and on the social patterns established in the country. Then we would discuss some possible plot outlines and characters that might be used to illustrate the issues involved. One member of the group would then attempt to incorporate the elements in a simple script lasting from three to five minutes. This would then come back to the group for evaluation and suggestions based on an oral reading of the script. Following the revisions at this level, the script was given to one of the health consultants for their review and suggestions. Almost always we had overlooked some elements or were not aware of local attitudes, and another revision would follow (sometimes several) to work out all problems. After review by Dr. Ferguson, the scripts were ready for recording and construction of puppets.

To simplify script structure, give identification figures, and reduce the number of puppets necessary for production, Mary and her family were central figures in all plays. Most of the puppets were simple hand puppets that could be constructed from local materials and manipulated with minumum practice. The long term goal was to have puppetry attractive and easy enough that the teachers would want to use it in their classes, not only in health areas, but also in other subjects as well. We constructed a full set of puppets for each country, to be left there for reference and use.

The handbook "Puppets as a Teaching Tool," included advantages of using puppets, construction materials, diagrams for step by step construction, drawings of all puppets, suggestions for manipulation, script development, puppet applications in other subject matter areas, and the scripts.

All workshops were organized on a format, focusing on application in the classroom. The opening session covered the general approach to health issues, a puppet play, assessment and review of health information and small group preparation of a list of the most important national health problems. In the second session, each group selected one of these problems (like worms) and wrote a puppet play about it. To do this they would first analyze the problem (why are worms bad), list possible causes (how do we contact them, how do they survive), and list possible solutions (pen animals, use a toilet or latrine, go to the clinic if have symptoms). The script would then be developed to present this information and their suggestion of how to deal with it. Focus was always on what they could do--not on external action by outside forces.

The next puppet session (there were other health information sessions between the "active" puppet workshops) dealt with construction. Several puppet examples were shown, and two construction methods were explained and demonstrated. Each participant then constructed at least two puppets, a simple sock puppet and a basic hand puppet with a variety of possible faces to suggest different characters. Some choose to make one of three other types of puppets we demonstrated. Although some sewing machines were availabe (peddle only), most of the puppets were hand sewn, since it was sometimes faster than waiting for the machine, or they didn't know how to operate it.

When the first puppet was completed, workshop participants were given manipulation instruction by using their puppets to go through a series of exercises to help them know what the puppet could do and to help them all to relax in working with these new toools. They were asked to make the puppet do simple activities (walk, jump, sneeze, smile, frown, etc.), interact with another puppet (see someone you like, greet them, be sorry to part, etc.), develop a voice and full character (find a voice for the puppet, talk fast,

slow; be excited in telling about something, whisper a secret, etc.). These island people enjoyed making these pieces of material come alive, and they often giggled and laughed as they worked the puppets.

The final session provided some brief rehearsal time for each group, then they presented their "show" for the rest of the workshop members. Sample shows were; "Toilets" which included a germ that talked with relish about "getting" two girls who don't use the latrine; "The Complainer" dealing with people who complain about not having food, but the puppets grow a garden (with plants that "grow" on stage) and provide the needed variety for the diet; "Washing Hands", a puppet play presented in Tongan, used humor and a germ to illustrate the need for washing hands before eating or preparing food; "Round Stomach" including a puppet with a round stomach, on selection of proper diet; and other plays on boils, flies, dust, rats, diarrhea, etc.

Reaction to the plays, most of which contained some humorous elements, was positive. Ideas were explored, and the teachers had discovered a new way to teach some difficult topics in an interesting way. Church health missionaries were also impressed with the possibilities, and organized a special workshop for all the local and foreign health missionaries on the island of Tonga. Within six months, every zone in the Samoan mission had puppets and all the plays were translated into the native language. In addition, there were non-health applications as well. One of the participants in Fiji had recently transferred from a Government school, and, after the first workshop session had taken the handbook home and read it all by the next day. She was very excited about the idea and said they had introduced puppets at the teachers college, but had done it "laughing" and had made paper mache and it was "hard to donot fun like this." She said on Monday, she was going down to her former principal and tell her what she had learned and show her puppet.

A church application was mentioned in a letter a few months after our visit, "At a Stake Mothers and Daughters Conference in Savaii, Samoa, which Sister Bowman attended, a lady who had seen your program used puppets to teach her class and it went very well."

At the conclusion of each workshop, participants were asked to complete forms evaluating what had been done. When these were compiled for the four presentations in the three countries, "The single teaching technique and accompanying exercise of greatest interest in the workshop was the use of puppetry in teaching health concepts," and, of twelve activities or presentations listed in order of usefulness, puppetry was listed "most useful."

Puppets can be used as an effective tool in intercultural communication. Personal Welfare Services has made a priority request for a revised and simplified handbook on Puppetry as a Teaching Tool for use by health missionaries and local church members in developing countries. We look forward to many additional applications being made in the future.